# PHA 5-Year and Annual Plan

## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 Expires 4/30/2011

1.0	PHA Type: SPHA Fiscal Year B	er Metropolitan Area Ho Small Migh eginning: (MM/YYYY):	Performing <b>04/01/2012</b>	ity of Rock Island County  Standard	PHA Code: <b>IL010</b> HCV (Section 8)		
2.0	Inventory (based of Number of PH unit	on ACC units at time of F is: 482	Y beginning i		CV units: <u>337</u>		
3.0	Submission Type ☐ 5-Year and Ann	nual Plan	⊠ Annual l	Plan Only	5-Year Plan Only		
4.0	PHA Consortia	□ P	HA Consortia	a: (Check box if submitting a joi	nt Plan and complete table be	low.)	
	Participating PHAs	S	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Uni Program PH	HCV
	PHA 1:						
	PHA 2: PHA 3:						
5.0		plete items 5.1 and 5.2 or	l nly at 5-Year l	Plan update.			
5.1	jurisdiction for the The mission of the continue to provide	next five years:  Greater Metropolitan Are	ea Housing Arty housing in	of low-income, very low-income uthority of Rock Island County is a cost effective manner. By party manner	is to be the area's affordable l	nousing of choice	ce. We
5.2	low-income, and evand objectives described and	and the supply of associations of the quality of the qual	isted house or building sisted house continue to provide reperted and imples lity of life or income put the use of a reements we have assisted to assisted inue to provide for modern.	ing by reducing public hounits through the use of osing by increasing custom renovate/modernize publiacement housing through y continuing outreach efforment voucher home owner and economic vitality by ablic housing households additional lighting, surveing ith local city Police departies ance recipients' employable or families with disabiliting and affirmatively furthousing regardless of ractivide a suitable living envident and additional eeting the goals and objecting the goals and the goals	on the progress the PHA has busing vacancies/improvent RHF funds. The satisfaction through lic housing units through RHF funds in the future of the program. The program in the lower income development of the program of the program of the program of the program. The program is and individuals by program of the provide or attractive and through the Section of the program of the pr	better comments to deconse to dec	munication capital hrough entrate To further and by tracting services to program. Effirmative ex, familial ted housing rough

form HUD-50075 (1/2007)

#### PHA Plan Update

- (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:
  - 1. Eligibility, Selection and Admission Policies See attachment a (il010a01)
  - 2. Financial Resources See attachment b (il010b01)
  - 3. Rent Determinations No changes
  - 4. Operation and Management No changes
  - 5. Grievance Procedures See attachment a (il010a01)
  - 6. Designated Housing for Elderly and Disabled Families No changes.
  - 7. Community Service and Self-Sufficiency No changes.
  - 8. Safety and Crime Prevention No changes.
  - 9. Pets No changes
  - 10. Civil Rights Certification No changes.
  - 11. Audit No changes. No audit findings
  - 12. Asset Management No changes.
  - 13. Violence Against Women Act (VAWA) See attachment c (il010c01)
  - 14. Carbon Monoxide No changes. See attachment c (il010c01)
  - 15. Resident Advisory Board Comments- See attachment d (il010d01)
  - 16. Challenged Elements- None. See attachment c (il010c01)
  - 17. Section 3 Policy- No changes
  - 18. Procurement Policy- No Changes
- (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.

The Greater Metropolitan Area Housing Authority Annual Plan is available for public review and comment at the Housing Authority's Administrative Office located at 325 2<sup>nd</sup> Street, Silvis, IL 61282 during hours of operation on Monday –Friday 8:30 AM – 5:00 PM.

Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.

Hope VI, Mixed Finance, Modernization or development: GMAHA does not currently have any pending proposals for Hope VI or Mixed Finance funding. Should Mixed Finance or other Development be deemed appropriate, the GMAHA may seek funding.

The GMAHA will continue to explore mixed-income and mixed –finance opportunities in its efforts to provide new affordable housing opportunities. The GMAHA has an approved Replacement Housing Plan and is seeking properties throughout its jurisdiction for purchase to provide availability for low-income residents.

<u>Demolition and/or Disposition</u>: GMAHA does not have any current plans for demolition or disposition of property.

7.0 Conversion of Public Housing: No conversions of PH properties are being considered at this time.

Homeownership Programs: Homeownership is identified in the HUD Strategic Plan as a goal as well as the GMAHA Strategic Plan developed in April 2010. Although a homeownership program is not currently in place, the GMAHA homeownership goals include: identifying funding opportunities, educating staff about home ownership programs, and exploring how other housing authorities are increasing home ownership. Homeownership training for residents/participants is coordinated with local community resources.

Section 8 Vouchers: The GMAHA is providing up to seventeen project based vouchers for a recently completed senior/disabled development called Hometown Harbor located in East Moline, Illinois. The GMAHA further intends to provide 10 Housing Choice Vouchers to administer the HUD-Veterans Affairs Supportive Housing (VASH) program in partnership with the Iowa City VAMC pending HUD approval. Additional project based or other types of vouchers may be considered in the future if deemed appropriate to serve the housing needs in our jurisdiction and HUD approval is obtained.

**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable.

6.0

8.0

8.	.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing.  See Attachment e (il010e01) CFP Annual Statement Grant No. 501-12  Attachment f (il010f01) CFP Performance & Evaluation Reports 501-11 & 501-11RHF  Attachment g (il010g01) CFP Performance & Evaluation Reports 501-10 & 501-10 RHF  Attachment h (il010h01) CFP Performance & Evaluation Reports 501-09 & 501-09 RHF  Attachment i (il010i01) CFP Performance & Evaluation Reports 501-07 RHF & 501-08 RHF
8	.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the Capital Fund Program Five-Year Action Plan, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.  See Attachment j (il010j01) Capital Fund Program Five-Year Action Plan 50075.2 Five Year Action Plan
8	.3	Capital Fund Financing Program (CFFP).  Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.  In May 2005 the Greater Metropolitan Area Housing Authority of Rock Island County was one of the recipients of IHDA Capital Fund Revenue Bonds, Series 2005A. The proceeds were used for the substantial rehabilitation of William Young Homes I & II located in Milan, IL. William Young Homes I & II is an elderly/disabled site originally consisting of 100 units which included 16 efficiency units that were converted to 12 one bedroom units at substantial rehab. Other updates included new windows and doors, electrical, plumbing, and HVAC updates including the addition of central air conditioning. Complete bathroom and kitchen renovation including new oak cabinets, tubs with showers and fixtures. Solid wood interior doors, new flooring and accessibility updates throughout the property. Site improvements included new drives, parking and landscaping. The project was completed in August 2007. Annual debt service is paid through the Capital Funds for a twenty year period.

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

The GMAHA reviewed all housing data in the Comprehensive Housing Affordability dataset from the 2000 U.S. Census bureau, the Consolidated Plan and GMAHA public housing and Section 8 housing waiting lists to determine the following housing needs for our jurisdiction (Rock Island County):

	Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
	Income <=30% AMI	2,700	5	5	5	3	2	4
9.0	Income >30% but <=50% AMI	1,970	5	4	5	2	2	4
	Income>50% but ,=80% AMI	2,880	4	3	5	2	2	4
	Elderly	2,000	5	4	5	3	1	4
	Families with Disabilities	390	4	5	3	3	3	4
	Ethnicity-White	3,510	5	5	4	3	2	3
	Ethnicity-Black	2,500	5	5	4	3	2	3
	Ethnicity- Hispanic	600	5	5	4	3	2	3

Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the 9.1 jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.

Additional Information. Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

The GMAHA continues to expand the supply of assisted housing by providing an expedient turnover of vacated units and bringing renovation units back on-line for re-occupancy. The Authority has been successful in reducing public housing vacancies and improving vacancy turnaround. The Authority has an approved Replacement Housing Plan and has begun searching for suitable single family homes and/or multifamily complexes to purchase in order to assist more families in the jurisdiction through the use of our RHF funds.

The agency strives to provide the best in customer service to clients and has provided on-going training to staff in order to maintain a high level of customer service. Our website was updated and an online application/waiting list system was implemented this past year for our public housing, section 8 voucher and project based programs. This allows our clients to easily access information and apply for housing assistance online anytime.

The agency continues to increase assisted housing choices for clients by seeking good potential landlords within the community. GMAHA has applied for 10 Housing Choice Vouchers to administer the HUD-Veterans Affairs Supportive Housing (VASH) program and is providing 17 Project Based vouchers for a recently completed elderly/disabled property located in East Moline. Landlord briefing information is available on the agency website and personal communication with potential landlords is a high priority in order to provide quality affordable housing choices for the Section 8 program.

The agency continues to work with local Police departments through cooperative agreements and has onsite police liaison offices at two of our properties. Security improvements at all locations continue to be addressed through the use of additional lighting, surveillance cameras and other security equipment.

The promotion of self sufficiency remains a strong focus to the agency. The family self-sufficiency program remains in effect for the Section 8 Voucher program. The agency maintains a strong relationship with local service partners (Illinois Extension Service, Project Now, IL-IA Independent Living Center, Township, etc) to provide or attract supportive services for our housing clients. Through this collaboration, the authority continues to assist clients on a variety of issues including homemaking skills, budgeting, energy assistance, job seeking and transportation options.

The agency embraces equal opportunity in housing and follows fair housing practices to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status or disability. Staff training is provided on an annual basis to ensure that equal opportunity and fair housing regulations are fully met. The agency continues to make accessibility improvements through the use of modernization (CFP) funds and through in-house maintenance work.

(b) Significant Amendment and Substantial Deviation/Modifications. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification".

Category 1: Substantial deviations from the 5-year plan

Substantial deviations from the 5-year plan occur when the Board of Commissioners decides to revise the mission statement, goals or objectives of the plan.

Category 2: Significant amendments or modifications to the annual plan

Significant amendments or modifications to the annual plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally changes the plans of the agency and which require formal approval of the Board of Commissioners.

10.0

10.0

Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.

- (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
- (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
- (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
- (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
- (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
- (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA
  - Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
- (g) Challenged Elements

11.0

- (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

#### 1. Eligibility, Selection and Admissions Policy

Most of the changes for this revision were made necessary by the publication of the VAWA final rule, made effective of November 26, 2010. Other changes include changes to account for the PHAS interim rule, published February 23, 2011, modifications concerning nondiscrimination and accessibility, changes to accommodate the online application process and waiting list management and updates to citations and changes and corrections for flow and clarity.

#### Chapters of the ACOP with revisions are:

(Paragraphs/text with changes are shown in gray highlighted color)

Chapter 2	Pages 3-4 Pages 9-14	Reworded VAWA title (next to last bullet on 2-3) Added additional bullet to 2-II.D (2-10); added reference to 2-II.E. title, revised 2 <sup>nd</sup> paragraph (2-10); updated PIH Notice references (2-13) for accessibility notice, Notice PIH 2010-26
Chapter 3	Pages 3-4 Pages 19-22	Text revisions default policy, 3-I.C., <b>Family Breakup</b> (3-4) for VAWA rules Text revisions in 3-III.A. (3-19) for VAWA final rule and 3-III.C. (3-31) for PHAS interim)
	Pages 31-38	3-III.F. rewritten to incorporate the provisions of the VAWA final rules that became effective November 26, 2010; repaginated pages 31-34.
Chapter 4	Pages	Revised to accommodate the online application process and waiting list Management.
Chapter 5	Pages 5-8	Text revisions in 5-2.D. PHA Policy (5-6) for VAWA final rules; capitalization corrected in heading <b>Unit Refusal without Good Cause</b> (5-7).
Chapter 8	Pages 1-2 Pages 11-12	Added text to 8-I.B. in <b>Orientation Agenda</b> (8-2 for VAWA final rule Added reference to <b>Annual Inspections</b> heading, and revised related text (bottom of 8-11) for PHAS interim rule
Chapter 12	Pages 7-12	PHA Policy updated in 12-III.c. (12-8), 12-III.f (12-10), and 12-IV.D. (12-12) for VAWA rule
Chapter 13	Pages 7-8	Definition citations revised in 13-III.B. (13-8)
	Pages 11-14	Reference updated (13-12); VAWA title revised and citation added (13-14)
	Pages 19-28	13-III.F. completely revised (13-20 thru 13-22); text revisions in 13-IV.D. PHA policy (now on 13-25); repaginated pages 13-20 through 13-26, all for VAWA final rule
Chapter 14	Pages 3-4	Revised text of PHA Policy in <b>Scheduling an Informal Hearing</b> (14-3) for clarity
Chapter 16	Pages 1-2 Pages 16-22	Revised Part VII description (16-1) for VAWA additions Table of PHAS indicator scores updated (16-515/16) for PHAS interim rules; 16-IV.C. <b>PHAS SCORING</b> updated (16-17) for PHAS interim rule; Minor text revision in 16-V-B. PHA Policy (16-19) for clarity; Added new heading <b>Domestic Violence, Dating Violence, or Stalking Records</b> and related text (bottom of 16-21) for VAWA final rule
	Pages 25-34	Part VII completely revised (16-25) thru 16-30) for VAWA final rule; RESIDENTS" changes to TENANTS' in Exhibit 16-1 heading (now on 16-31); text of heading and first paragraph revised (top of 16-32); repaginated pages 16-25 thru 16-34

Chapters of the Section 8 ADMIN PLAN with revisions are: (Paragraphs/text with changes are shown in gray highlighted color)

Chapter 2	Pages 8-11	Revised text to include info from Notice PIH 2010-26 on non-discrimination and accessibility for persons with disabilities (pp.2-10, 2-11, and 2-13)
Chapter 3	Page 3 Pages 21 Pages 29-30	Text changes to reflect VAWA final rule Text changes to reflect VAWA final rule Text changes throughout 3-III.G for VAWA final rule: Deleted Subsection on Definitions which are now located in section 16 IX changed wording in PHA Policy under Notification subsection, changed wording in PHA Policy under Documentation/Victim Documentation subsection, deleted Time Frame For Submitting Documentation and PHA Confidentiality Requirements subsections, pagination changes
Chapter 5	Pages 5-7	Text changes to reflect VAWA final rule
Chapter 8	Page 2	Changed wording from "Attachment" to "Exhibit"
Chapter 9	Page 2	Text changes to reflect VAWA final rule
Chapter 10	Entire Chapter	Text and PHA Notices reference changes throughout. Unless otherwise noted, changes are in reference to the VAWA final rule. They include: Added new PHA Policy under Allowable Moves, added text to PHA Policy under Insufficient Funding for Portability Notice PIH 2011-3 deleted last sentence of PHA Policy under Grounds for Denial or Terminations of Assistance, added text to PHA Policy under Applicant Families added new subheading of Preapproved Contact with the Receiving PHA that includes a new PIH Policy for Notice PIH2011-03, added new subheading of Responding to Initial PHA's Request that includes a new PIH Policy for Notice PIH2011-3, deleted PHA Policy under Initial Contact with Family for Notice PIH-2011-3, pagination changes
Chapter 12	Page 2	Text changes to reflect VAWA final rule
	Page 7	Text changes to reflect VAWA final rule
	Pages 11-19	Updated Section 12-II.E to reflect VAWA final rule, which includes: Added new subsection of VAWA Protections against Termination (p.12-12), added new subsection on Limitations on VAWA Protections and text changes in PHA Policy (p.12-13), text changes in PHA Policy under updated subheading title Documentation of Abuse (p. 12-14), deleted PHA Confidentiality Requirements subheading, pagination changes; Updated Section 12-II.F. for VAWA final rules, which includes: Deleted PIH Policy and added two new PIH Policies (p. 12-15), deleted Notice of Termination Based on Citizenship Status subsection; Deleted Section 12.II.G. How Termination of Assistance Affects the HAP Contract and Lease for VAWA final rule; Text and reference changes for VAWA final rule
Chapter 13	Page 6	Text changes to reflect VAWA final rule
Chapter 14	Page 2	Reference to HUD-EIV system and PHA information to applicants and participants
Chapter 16	Page 1	Added text for Part IX on VAWA

	Pages 5-8	Added reference to Unit-By-Unit Exceptions subheading for
		Nondiscrimination Notice PIH2010-26
	Page 36	Added new subheading for Documentation of Domestic Violence,
		Dating Violence, or Stalking on p.16-39 for VAWA final rule
	Pages 39-49	Revised information throughout Part IX on VAWA for VAWA final rule,
		including PIH Policy changes and/or additions throughout this part; Text
		changes in the Exhibits; Pagination changes
Chapter 17	Page 28	Section 17.VI.C. PHA Policy now lists Hometown Harbor East Moline as a
		PBV project with a separate waiting list
	Page 31	Added text for VAWA final rule

# Attachment b

Statement of Financial Resources		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2011)		
PH Operating Fund	\$1,925,921	PH Operations
PH Capital Fund	\$ 775,730	Modernization
Section 8 HCV	\$1,651,942	Rental Assistance
2. Prior Year Federal Grants (unobli	gated)	
Capital Fund 501-10	\$ 246,098	PH Capital Improvements
Capital Fund 501-11	\$ 431,646	PH Capital Improvements
3. PH Dwelling Rental Income	\$1,164,691	PH Operations
4. Other Income		
Interest (3610)	\$ 93,858	PH Operations
Other (3690) tenant charges,	\$ 72,789	PH Operations
Vending		
Total Resources		\$ 5,931,029

#### CARBON MONOXIDE ALARM DETECTOR ACT (No changes)

Greater Metropolitan Area Housing Authority of Rock Island County is in compliance with the Carbon Monoxide Detector Act.

Prior to the January 1, 2007 due date, a portion of the public housing stock previously had carbon monoxide detectors installed at the apartments. The remaining units were equipped with carbon monoxide detectors as instructed in the Act

.

Carbon monoxide detectors are maintained and tested by housing authority maintenance staff. Residents are instructed on the procedures of testing their equipment and are to report non –operating equipment through the work order system.

Section 8 landlords and participants were provided advance notice on the subject to ensure compliance prior to the due date. Proper compliance with the Act is verified at the units and carbon monoxide detectors are tested during the annual HQS inspection process.

### <u>VAWA – THE VIOLENCE AGAINST WOMEN ACT</u>

A goal of the Greater Metropolitan Area Housing Authority of Rock Island County is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.

The Greater Metropolitan Area Housing Authority of Rock Island County provides or offers the following activities, services, or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking: Safe shelter, individual and family counseling, support groups, life skills training and police liaison services. Local agencies we partner with include Family Resources Inc, Christian Family Care Center, Bethany Homes and local police agencies.

The Greater Metropolitan Area Housing Authority of Rock Island County provides or offers the following activities, services, or programs that help child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing: Assistance with housing applications, landlord referrals, job training skills, onsite policing services and referrals to appropriate agencies for assistance.

# CHALLENGED ELEMENTS OF THE PHA PLAN

There were no challenged elements of the PHA 2012 Annual Plan

# PROCUREMENT PLAN CHANGES AS REQUIRED BY ARRA

The Greater Metropolitan Area Housing Authority of Rock Island County has amended its procurement policy with regard to ARRA funds as required and directed within Notice PIH 2009-12.

### RESIDENT ADVISORY BOARD 2012 ANNUAL PLAN QUESTIONS & COMMENTS

The Resident Advisory Board is composed of residents from each AMP development at the Agency. Participating in the resident advisory board meetings this year were:

<u>AMP 1-</u>

Mario Munoz Shelia Ristow
Marjorie Theis Gloria Molina
Laura Theis Carmen Marshall

Lee Clester

Vernon Fonger

Karen Barber

Susan Smith

George Crowe

Penny Brightman

Iris Hayslett

Dianna Toney

Dale Johnson

Diane Jackson

Charlie Moss

Gary Bradley

Connie Poulain

Sharon Johnson

Viola Dietsch

**AMP 5-**

Roy McClintock
Dixie Kanke

Beverly Harland

Tommye Gilbert

Richard Cameron

Lorraine Tracy

Sandy James

Dixie Rohn

Mary Whipple

Joyce Carroll

Julie Debruycker AMP 12-

Wanda Anthony

Peggy Tobin

Wirginia Chavez

Mary Reeves

Russell Nolan

Vielsi Corls

Janet Kunst Vicki Cork

Patricia Boyd Louise Hood Bernice Gray Alice Johnson

Jimmy Robinson Carole Deyo

Dora Corwin Patricia Ketchum

Bernice Gray Maria Ornelas
Eileen Donnelly

Janet Washington

Janice Hall

Rita Schatteman

## Questions and comments from the RAB group are listed by development

# AMP 1, Oak Grove, East Moline, IL

Planned work items
Security Updates
Misc. site/sidewalk repairs
Landscaping if budget allows

- \*What about putting in more trees? She lost one to the storm a few years ago. We want to put in some trees/shrubbery if budget allows and is as maintenance free as possible.
- \*We have a lot of non-residents park their cars on our property for 2-3 days. Please relay to the office anytime you observe cars on the property that may not belong on the property.
- \*The maintenance staff does a good job. Thank you
- \* Was stimulus from 2009 a onetime grant? Yes, and it has been obligated and expended. We were able to renovate 3 buildings at this site with the monies from the stimulus grant.

### AMP 5, Wm Young Homes, Milan, IL

William Young doesn't have any major upcoming projects, just general repairs as needed.

- \*Could we sign up to use the water hoses for the purposes of Spring clean up days? We will take under advisement. The use of hoses for spring clean up seems reasonable. I think we can work something out this Spring.
- \* Since we didn't get the rainhandler gutters, the plants and bushes under the soffits don't get watered and are dying. That's another reason we need to use the hoses. We will look into the use of hoses by residents on a limited basis.
- \*I'm concerned about my neighbor who smokes heavily and is on oxygen. We will address this issue with the resident.
- \*Any plans for getting the outside poles painted because they are rusty? Also, I think it is a good idea to have the use of hoses for spring and fall cleanup. Yes, it's been discussed and hopefully we can get done in 2012.
- \*Can we have more security cameras? We budget every year for security items. We can't have cameras in every area, but need to look into the most beneficial places.

We have people parking in resident parking. It may be by accident, but if this happens repeatedly then bring to the office so issue can be addressed.

- \*Can we have a designated parking, even though we don't have a car? For when my son visits. We don't assign parking spots for people without a vehicle. We have ample visitor parking.
- \*Why is \$3.00 being charged for lawn care in the summer months & \$2.00 for filters? *No changes have been made to the fees for several years.*

### AMP 7, Streed Tower, East Moline, IL

Planned work items:

2012- Exterior building repairs

2013-New windows & paint building exterior

- \*Concerns were expressed regarding the positioning of community room tables and pool table. *The tables can always be rearranged.*
- \*Concerns regarding the grocery carts. Elesa explained the new cart check out process, which also includes the folding utility carts which are ideal for the weekend. It's a tenant call if they choose to let another resident borrow the cart over the weekend while it's under their name.
- \*Will the Social club still have access to the closets and the one in the hallway. Yes
- \*Are we going to get a larger laundry room & with more machines? We have already explored that option and at this time it is not cost effective.
- \*One of the residents reminded residents on how lengthy the wait time can be on construction projects and getting the building inspectors to come out. She gave credit to GMAHA staff.
- \*When are we going to get the exterior of our windows cleaned? A work order should be put in for this request and they would be addressed as time permitted. The cleaning of the windows is not something we're doing this fall. The residents should not try to attempt to clean the exterior windows themselves. We will look into having the exterior windows of the building cleaned in the Spring.

### AMP 12, Warren Tower & Heights, Silvis, IL

Planned work items:

Boiler Replacement (high efficiency)

Community Room/Kitchen Updates

**Exterior Building repairs** 

Flooring and stair treads to the Big House

Security Updates for all sites (combination of cameras, lighting, police)

Sidewalk repairs

\*What types of services are provided – LIHEEP – what is? We partner with other agencies to provide info. on services available, some agencies come to our location to talk about programs to our residents.

- \*Why November for a start date on the elevator? The equipment has a long lead time, We will start with the small elevator first which will probably take 3-4 months and then move onto the big elevator, both elevators should be done by late June 2012.
- \* After renovation will the elevators run better & have less noise? Yes, they will run more efficiently and meeting proper codes. You won't notice a huge difference in speed, but the operation will be better.
- \* Can we get cameras for the parking lots? I'm afraid of vandalism & suspicious drug behavior. Will look into anywhere that there is a need for. We need to know of any issues so they can be relayed to our Liaison Officers.
- \*How can you enforce charging people for spilling on the floors? Thinks cameras in the halls would be a good idea. We will review where the most urgent need is and where the budget allows.
- \*I'm afraid to report things because I'm afraid of retaliation. You can always report things anonymously, every little piece of information helps. Repetitive suspicious behavior can be easier to target if reported and there may be a pattern. You can call any of the offices to report things if you are worried about being seen in the office.
- \*How do you enforce when someone is banned? *Banned individuals will be penalized. If a tenant allows banned individuals in, they will also be penalized.*
- \*Since Liaison officers have been onsite has the unwanted activity lessened? Yes, it has definitely helped. They switch up the days that they monitor the properties.
- \*Why can't we paint our apartments? There should be proper applications painting, so that's why we prefer for Maintenance to paint.
- \*What can be done about the wasps? Report any issues or if anyone notices a wasps nest so that we can relay to Maintenance or Pest Control.
- \*I'm really surprised of all the litter out in the woods when I walk my dog (by drainage area). Let us know as we certainly want to address litter issues, but that area isn't really intended for use as a trail.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226

Expires 4/30/2011 FFY of Grant: 2012 FFY of Grant Approval: 2012 Expended Total Actual Cost Obligated ☐ Revised Annual Statement (revision no:
☐ Final Performance and Evaluation Report
Total Estimated Cost Revised<sup>2</sup> 10,000.00 8,000.00 30,000.00 288,256.96 11,000.00 77,573.00 35,000.00 25,000.00 Original Capital Fund Program Grant No: ILJ06P010501-12 Replacement Housing Factor Grant No: Date of CFFP: ☐ Reserve for Disasters/Emergencies Grant Type and Number 1410 Administration (may not exceed 10% of line 21) 1406 Operations (may not exceed 20% of line 21) 3 Type of Grant

⊠ Original Annual Statement
□ Reserve for Disas
□ Performance and Evaluation Report for Period Ending: 1465.1 Dwelling Equipment—Nonexpendable 1492 Moving to Work Demonstration Summary by Development Account 1408 Management Improvements 1475 Non-dwelling Equipment 1470 Non-dwelling Structures 1499 Development Activities 1415 Liquidated Damages 1460 Dwelling Structures 1495.1 Relocation Costs 1450 Site Improvement PHA Name: Greater Metropolitan Area Housing Authority of Rock 1440 Site Acquisition Total non-CFP Funds 1430 Fees and Costs 1485 Demolition 1411 Audit Part I: Summary Island County Line 0 12 4 9 13 15

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

Office of Public and Indian Housing
OMB No. 2577-0226
Frantises 4/30/2011 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: Summary	ımmary		der	Taphaca Hongari
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: IL06P010501-12 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2012 FFY of Grant Approval: 2012	
Type of Grant	Annual Statement			
	Original Aminia Statement    Keserve for Disasters/Emergencies   Darformonics and Evaluation Demost for Demiss To disasters   Configuration   Configuration		Keyised Annual Statement (revision no:	
T T CITIO	Thance and Evaluation Nepolt for I critical Earthing.		rinal Feriormance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost 1	
		Original Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	290,900.04		
61	1502 Contingency (may not exceed 8% of line 20)	0		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	775,730.00		
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			я
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures	15,000.00		
Signatur	Signature of Executive Director The Dat	ate Signature of Public Housing Director	using Director	Date
7				

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part II: Supporting Pages	s							
PHA Name: Greater Me	opolitan Area Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P010501-12 CFFP (Yes/ No): Replacement Housing Factor Grant No:	nt No: IL06P010501- or Grant No:	-12	Federal	Federal FFY of Grant: 2012	112	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Vork Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 1 Oak Grove	Sidewalk Repair/Replacement	1450		5,000				
	Landscaping	1450		5,000				
	Security updates	1460		5,000				
	Site Acquisition	1440		25,000				
	Operations	1406		0				
	Staff Training	1408		2,000	1			
AMP 5 Wm Young Homes	Sidewalk Repair/Replacement	1450		5,000				
	Tree Removal	1450		5,000				
	Operations	1406		0				
	Staff Training	1408		2,000				

 $<sup>^1</sup>$  To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  $^2$  To be completed for the Performance and Evaluation Report.

Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011 U.S. Department of Housing and Urban Development

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Part II: Supporting Pages	s								
PHA Name: Greater Met of Rock Island County	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Gra CFFP (Yes/ No): Replacement Housing Fact	Grant Type and Number Capital Fund Program Grant No: IL.06P010501-12 CFFP (Yes/ No): Replacement Housing Factor Grant No:	ILO6P010501- unt No:	12	Federal F	Federal FFY of Grant: 2012	112	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	ed Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 7 Streed	Misc sidewalk replacement	17	1450		5,000				
	Security updates	17	1460		3,256.96				
	Exterior Building Repairs	14	1460		90,000				
	Ranges & Refrigerators	14	1465		5,000				
	Air Conditioners	17	1465		5,000				
	Operations	17	1406		0				
	Staff Training	17	1408		2,000				
AMP 12 Warren	Community Room/Kitchen updates @ Tower		1460		85,000				
	Security upgrades	71	1460		10,000				
	Replace flooring/stair treads Hghts Apt bldgs		1460		20, 000				
	Exterior building repairs @ Tower		1460		75,000				
	Sidewalk repair/replacement	14	1450		5,000				
	Operations	14	1406		11,000				
	Staff Training	71	1408		2,000				
Admin costs	MGMT Fees	14	1410		77,573				
Fees & Costs	Fees & Costs	14	1430		35,000				
Debt Service	Debt Service	)6	0006		290,900.04				
		- 3							

<sup>&</sup>lt;sup>1</sup>To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

	Federal FFY of Grant: 2012	Reasons for Revised Target Dates <sup>1</sup>											
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date										
	sland County	All Funds (Quarter E	Original Expenditure End Date										
Financing Program	ig Authority of Rock Is	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date										
dule for Capital Fund	politan Area Housir	All Fund (Quarter E	Original Obligation End Date										
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Development Number Name/PHA-Wide Activities		AMP 1	AMP 5	AMP 7	AMP 12						

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Office of Public and Indian Housing OMB No. 2577-0226 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

A CAL L AS	Part I: Summary				
PHA Name: G Area Housing Island County	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County Replacement Housing Factor Grant No: Date of CFFP:	10501-11			FFY of Grant: 2011 FFY of Grant Approval: 2011
Type of Grant ☐ Original A. ☒ Performan	Type of Grant  ☐ Original Annual Statement  ☐ Reserve for Disasters/Emergencies  ☐ Performance and Evaluation Report for Period Ending: 09-30-11		Revised Annual Statement (revision no:	revision no: )	
Line	Summary by Development Account	Tota	Total Estimated Cost		Total Actual Cost 1
,		Original	Revised <sup>2</sup>	Obligated	Expended
_	Total non-CFP Funds			0	0
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	26,000.00	4,000.00	0	0
3	1408 Management Improvements	8,000.00	4,000.00	0	0
4	1410 Administration (may not exceed 10% of line 21)	93,341.00	77.573.00	77.573.00	77.573.00
5	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00	5,000.00	0	0
8	1440 Site Acquisition	10,000.00	5,000.00	0	0
6	1450 Site Improvement	30,000.00	5,000.00	0	0
10	1460 Dwelling Structures	410,000.00	352,506.96	266,511.00	0
=	1465.1 Dwelling Equipment—Nonexpendable	9,924.96	4,000.00	0	0
12	1470 Non-dwelling Structures	25,000.00	20,000.00	0	0
13	1475 Non-dwelling Equipment	20,000.00	10,000.00	0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
91	1495.1 Relocation Costs	2,500.00	0.00	0	0
17	1499 Development Activities 4				

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: Summary	ummary				Expires 4/30/2011
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: IL06P010501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY	FFY of Grant:2011 FFY of Grant Approval: 2011	
Type of Grant	rant				
Origi	Original Annual Statement	89	Revised.	☐ Revised Annual Statement (revision no:	
N Perfo	Performance and Evaluation Report for Period Ending: 09-30-11		Final	Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Esti	Total Estimated Cost	Total	Total Actual Cost 1
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	288,650.04	288,650.04	0	0
19	1502 Contingency (may not exceed 8% of line 20)	0	0.00		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	933,416.00	775,730.00	344,084.00	77.573.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	30,000.00	30,000.00		
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	15,000.00	15,000.00		
Signatur	Signature of Executive Director  Date	N.3 Signatu	Signature of Public Housing Director	Director	Date
/					

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Part II: Supporting Pages	SS								
PHA Name: Greater Me	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Gran CFFP (Yes/ No): Replacement Housing Fact	Grant Type and Number Capital Fund Program Grant No: IL06P010501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:	L06P010501-1	=	Federal	Federal FFY of Grant: 2011	=	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	ited Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 1 Oak Grove	Sidewalk Repair/Replacement	1450	0		5,000	5.000	0	0	
	Replace Windows @ Admin Bldg	3 1470	0		25,000	20,000	0	0	
	Replace boiler @ Admin Bldg	1475	5		20,000	10,000	0	0	
	Landscaping	1450	0		10,000	0	0	0	omitted
	Site Acquisition	1440	0		10,000	5,000	0	0	
	Relocation	1495	5		2,500	0	0	0	omitted
	Operations	1406	9		10,000	1,000	0	0	
	Staff Training	1408	8		2,000	1,000	0	0	
AMP 5 Wm Young Homes	Gutter Replacement	1460	С		25,000	33,000	0	0	
	Operations	1406	2		1,000	1,000	0	0	
	Staff Training	1408	8		2,000	1,000	0	0	

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Part II. Sunnorting Pages	ū								
PHA Name: Greater Me of Rock Island County	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Gran CFFP (Yes/ No): Replacement Housing Fact	Grant Type and Number Capital Fund Program Grant No: IL06P010501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:	IL06P010501.	II.	Federal	Federal FFY of Grant: 2011	011	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	ited Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 7 Streed	Security upgrades	14	1460		5.000	0	0	0	omitted
	Misc sidewalk replacement	14	1450		10,000	0	0	0	omitted
	Ranges & Refrigerators	14	1465		4,924.96	2.000	0	0	OHILITO
	Air Conditioners	14	1465		5,000	2,000	0	0	
	Operations	14	1406		5,000	1,000	0	0	
	Staff Training	14	1408		2,000	1,000	0	0	
AMP 12 Warren	Elevator Upgrade	14	1460		375,000	281,500	266,511	0	in progress
	Security upgrades	14	1460		5,000	38,006.96	0	0	and and and
	Sidewalk repair/replacement	14	1450		5,000	0	0	0	omitted
	Operations	14	1406		10,000	1,000	0	0	
	Staff Training	14	1408		2,000	1,000	0	0	
		+							
Admin costs	MGMT Fees	14	1410		93,341	77.573	77.573	77 573	completed
Fees & Costs	Fees & Costs	14	1430		10,000	5,000	0	0	Total Compa
Debt Service	Debt Service	0006	00		288,650.04	288,650.04	0	0	

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Reasons for Revised Target Dates Federal FFY of Grant: 2011 Actual Expenditure End All Funds Expended (Quarter Ending Date) Original Expenditure End Date PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County Actual Obligation Part III: Implementation Schedule for Capital Fund Financing Program End Date (Quarter Ending Date) All Fund Obligated Obligation End Original 08-02-2013 Date 08-02-2013 08-02-2013 08-02-2013 Development Number Name/PHA-Wide Activities **AMP** 12 AMP 5 AMP 7 AMP 1

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Part I: S	Part I: Summary				
PHA Name: G Area Housing Island County	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County Replacement Housing Factor Grant No: ILO6R010501-11 Date of CFFP:	L06R010501-11			FFY of Grant: 2011 FFY of Grant Approval: 2011
Type of Grant Original A	nnual Statement		Revised Annual Statement (revision no:	ion no: )	
Line	Summary by Development Account	Total E	Total Estimated Cost		Total Actual Cost 1
	, the state of the	Original	Revised <sup>2</sup>	Obligated	Expended
-	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs				
00	1440 Site Acquisition				
6	1450 Site Improvement				
10	1460 Dwelling Structures				
=	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4	53,178.00	53,178.00	0	0

form **HUD-50075.1** (4/2008)

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Part I: Summary	ummary				Expires 4/30/2011
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number tan Area Capital Fund Program Grant No: ILO6R010501-11 stand  Grant Type and Number Capital Fund Program Grant No: ILO6R010501-11 Date of CFFP:			FFY of Grant:2011 FFY of Grant Approval: 2011	
Type of Grant	rant				
Origi	Original Annual Statement	ncies	□ Re	Revised Annual Statement (revision no:	(0:
X Perfo	Performance and Evaluation Report for Period Ending: 09-30-11			Final Performance and Evaluation Report	Renort
Line	Summary by Development Account	Total	Total Estimated Cost		Total Actual Cost 1
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
61	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	53,178.00	53.178.00	0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signatur	Signature of Executive Director (1988) Date	4-2012	Signature of Public Housing Director	using Director	Date
		100			

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part II: Supporting Pages	St.							
PHA Name: Greater Mer of Rock Island County	opolitan Area Housing Authority	Grant Type and Number Capital Fund Program Grant No: I CFFP (Yes/ No): Replacement Housing Factor Grant No: ILO6R010501-11	: I ant No: ILO6R0	10501-11	Federal I	Federal FFY of Grant: 2011	111	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 1 Oak Grove	New Development	1499		53,178	53,178	0	0	
T-E-I	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4							

 $<sup>^1{\</sup>rm To}$  be completed for the Performance and Evaluation Report or a Revised Annual Statement.  $^2{\rm To}$  be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Part II: Sunnorting Pages								
PHA Name: Greater Met of Rock Island County	opolitan Area Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P010501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:	: IL06P010501-	II.	Federal I	Federal FFY of Grant: 2011	111	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
						ò		
E	4							

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Development Number         All Fund Obligated Name/PHA-Wide (Quarter Ending Date)         All Fund Obligated (Quarter Ending Date)         All Fund Sepended (Quarter Ending Date)         Reasons for Revised Target Dates (Quarter Ending Date)           Activities         Original Actual Obligation End Obligation End Date         Actual Obligation End Expenditure End End Date         Actual Expenditure End Date           AMP 1         10-29-13         AMP 7         10-29-13           AMP 12         10-29-13         AMP 1	Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	dule for Capital Fund politan Area Housin	Financing Program	sland County		Federal FFY of Grant: 2011	
Original Actual Obligation Original Expenditure Obligation End Pate End Date End Date 10-29-13 10-29-13 10-29-13 10-29-13	lopment Number ne/PHA-Wide Activities	All Fund (Quarter E	1 Obligated Ending Date)	All Funds (Quarter E	Expended nding Date)	Reasons for Revised Target Dates 1	
		Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
		10-29-13					T
		10-29-13					T
		10-29-13					Т
		10-29-13					_
							Т
							Т
							T
							Т
							Ī
							Т
							Т
							T
							7
							Т
							Т
							1

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

form HUD-50075.1 (4/2008)

Office of Public and Indian Housing OMB No. 2577-0226 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

	Fart I: Summary				
PHA Name: G Area Housing Island County	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County Replacement Housing Factor Grant No: Date of CFFP:	010501-10			FFY of Grant: 2010 FFY of Grant Approval: 2010
Type of Grant ☐ Original A ☒ Performan	Type of Grant  ☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Performance and Evaluation Report for Period Ending: 09-30-11		Revised Annual Statement (revision no:	(revision no: ) Evaluation Report	
Line	Summary by Development Account	Tota	Total Estimated Cost		Total Actual Cost 1
		Original	Revised <sup>2</sup>	Obligated	Expended
	Total non-CFP Funds	J.			
	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	88,057.96	19,818.34	0	0
	1408 Management Improvements	8,000.00	120.00	120.00	120.00
	1410 Administration (may not exceed 10% of line 21)	93,341.00	93,341.00	93.341.00	93.341.00
	1411 Audit				
	1415 Liquidated Damages				
	1430 Fees and Costs	30,217.00	39,750.00	39,750.00	0.000.00
	1440 Site Acquisition	20,000.00	0	0	0
	1450 Site Improvement	23,500.00	3,805.00	3,805.00	0
	1460 Dwelling Structures	355,000.00	482,322.58	481,614.64	298.540.97
	1465.1 Dwelling Equipment—Nonexpendable	20,000.00	1905.04	1.905.04	1,905.04
	1470 Non-dwelling Structures				
	1475 Non-dwelling Equipment				
	1485 Demolition				
	1492 Moving to Work Demonstration				
	1495.1 Relocation Costs	5,000.00	2,054.00	2,054.00	2.054.00
	1499 Development Activities 4				2006

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: Summary	ummary				Expires 4/30/2011
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Capital Fund Program Grant No: ILO6P010501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY o	FFY of Grant:2010 FFY of Grant Approval: 2010	
Type of Grant	rant				
Origi	Original Annual Statement	S	☐ Revised A	☐ Revised Annual Statement (revision no:	
X Perfo	Performance and Evaluation Report for Period Ending: 09-30-11		Final P	☐ Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	2000	Total /	Total Actual Cost 1
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	290,300.04	290,300.04	290,300.04	219,100.02
61	1502 Contingency (may not exceed 8% of line 20)				
	1902 Contingency (may not execute 9 % of mile 20)	0			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	933,416.00	933,416.00	912,889.72	621.061.03
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	63,000.00	63,000.00		
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	15,000.00	15,000.00		
Signatur	Signature of Executive Director  Date  1-4-2013	Signatu	Signature of Public Housing Director	Director	Date
5					

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

		Status of Work		omitted	omitted	omitted	omitted	in progress	omitted	omitted	omitted	omitted	omitted	omitted	omitted	omitted	omitted	omitted	omitted	complete	omitted	completed
	01		Funds Expended <sup>2</sup>		0	0	0	4,016.43 ii		0	0	0	0	0	0	0	0	0	0	2,054 c	0	40
	Federal FFY of Grant: 2010	Total Actual Cost	Funds Obligated <sup>2</sup>	0	0	0	0	4,302.32	0	0	0	0	0	0	0	0	0	0	0	2,054	0	40
	Federal	ated Cost	Revised 1	0	0	0	0	5,010.26	0	0	0	0	0	0	0	0	0	0	0	2,054	0	40
	-10	Total Estimated Cost	Original	10,000	5,000	30,000	20,000	30,000	40,000	20,000	20,000	15,000	10,000	25,000	10,000	8,500	10,000	0	20,000	5,000	10,000	2,000
	:: ILO6P010501.	Quantity		1 bldg	1 bldg	1 apt	1 bldg	1 bldg	1 bldg	1 bldg	1 bldg	1 bldg	1 bldg				20%	1 bldg				
	Grant Type and Number Capital Fund Program Grant No: IL.06P010501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:	Development Account No.		1460	1460	1460	1460	1460	1460	1460	1460	1460	1460	1460	1450	1450	1465	1465	1440	1495	1406	1408
		Major Work			ent																	
	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	General Description of Major Work Categories		Asbestos Abatement	Lead Based Paint Abatement	504 compliance updates	Replace kitchen cabinets	Bathroom upgrades	Electrical upgrades	Plumbing upgrades	HVAC upgrades	Interior Doors	Flooring	Security upgrades	Landscaping	Sidewalk replacement	Ranges & Refreigerators	Central Air Units	Site Acquisition	Relocation	Operations	Staff Training
Part II: Supporting Pages	PHA Name: Greater Metro of Rock Island County	Development Number Name/PHA-Wide Activities		AMP 1 Oak Grove																		

 $<sup>^1{\</sup>rm To}$  be completed for the Performance and Evaluation Report or a Revised Annual Statement.  $^2{\rm To}$  be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Part II: Supporting Pages	Sa							
PHA Name: Greater Metropolitar Authority of Rock Island County	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: IL06P010501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:	nt No: IL06P010501 or Grant No:	-10	Federal I	Federal FFY of Grant: 2010	110	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 5 Wm Young Homes	Operations	1406		1,000	0	0	0	omitted
	Staff Training	1408		2,000	40	40	40	complete
AMP 7 Streed	Update 1st Floor bathrooms	1460		75 000	75,000	75,000	75 000	otolomo
	Community Room Updates	1460		0	112.372.92	112.372.92	112,372,92	complete/finoihility
	Replace 1st Floor Flooring	1460		0	20,052	20,052	20,052	complete/fungibility
	Update Hallway lighting	1460		0	2,000	5,000	5,000	complete/fungibility
	504 Compliance Updates	1460		0	15,000	15,000	7,212.22	complete/fungibility
	Asbestos Abatement	1460		0	9,948	9,948	9,948	complete/fungibility
	Security upgrades	1460		20,000	20,000	20,000	0	in progress
	Misc sidewalk replacement	1450		5,000	3,805	3,805	0	in progress
	Ranges & Refrigerators	1465		5,000	1,905.04	1,905.04	1,905.04	complete
	Air Conditioners	1465		5,000	0	0	0	omitted
	Operations	1406		52,057.96	9,818.34	0	0	in progress
	Staff Training	1408		2,000	0	0	0	omitted
						4 4		

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Part II: Supporting Pages	SS							
PHA Name: Greater Me	PHA Name: Greater Metropolitan Area Housing Authority   G of Rock Island County   C C   Rock Island County   C C   Rock Island County   C C   Rock Island County   Rock Island Co	Grant Type and Number Capital Fund Program Grant No: IL06Pt CFFP (Yes/ No): Replacement Housing Factor Grant No:	Grant Type and Number Capital Fund Program Grant No: IL06P010501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:	-10	Federal	Federal FFY of Grant: 2010	10	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	ork Development Account No.	nent Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 12 Warren	Ranges & Refrigerators	1460		10,000	0	0	0	omitted
	Roof Replacement	1460		0	64,939.40	64,939.40	64,939.40	completed
	Security upgrades	1460		25,000	0	0	0	omitted
	Elevator Upgrades	1460		0	155,000	155,000	0	fungibility
	Operations	1406		25,000	10,000	0	0	in progress
	Staff Training	1408		2,000	40	40	40	completed
			le se					•
Admin costs	MGMT Fees	1410		93,341	93,341	93,341	93.341	complete
Fees & Costs	Fees & Costs	1430		30,217	39,750	39,750	000.9	in progress
Debt Service	Debt Service	0006		290,300.04	290,300.04	290,300.04	219,100.02	in progress
A								

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program, Capital Fund Financing Program

	Federal FFY of Grant: 2010	Reasons for Revised Target Dates <sup>1</sup>												
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date						1					
	sland County	All Funds (Quarter E	Original Expenditure End Date	07-14-2014	07-14-2014	07-14-2014	07-14-2014							
Financing Program	ng Authority of Rock I	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date											
edule for Capital Func	opolitan Area Housi	All Fun (Quarter l	Original Obligation End Date	07-14-2012	07-14-2012	07-14-2012	07-14-2012							
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Development Number Name/PHA-Wide Activities		AMP 1	AMP 5	AMP 7	AMP 12							

<sup>&</sup>lt;sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Office of Public and Indian Housing OMB No. 2577-0226 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Part I: S	Part I: Summary				Expires 4/30/2011
PHA Name: G Area Housing Island County	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County Replacement Housing Factor Grant No: IL06R010501-10 Date of CFFP:	.06R010501-10			FFY of Grant: 2010 FFY of Grant Approval: 2010
Type of Grant ☐ Original A ☒ Performan	Type of Grant  ☐ Original Annual Statement  ☐ Reserve for Disasters/Emergencies  ☐ Performance and Evaluation Report for Period Ending: 09-30-11		Revised Annual Statement (revision no: )	disjon no: )	
Line	Summary by Development Account	Total	Total Estimated Cost		Total Actual Cost 1
	to describe to the	Original	Revised <sup>2</sup>	Obligated	Expended
-	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
6	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4	64.214.00	64.214.00	0	0
			>	>	0

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Office of Public and Indian Housing
OMB No. 2577-0226 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

N. N.						
Greater Metropolitan Area Housing Authority of Rock Island County	Area Capital Fund Program Grant No: Replacement Housing Factor Grant No: ILO6R010501-10 Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval: 2010	010	
Type of Grant						
Original a	Original Annual Statement	ncies	□ Re	Revised Annual Statement (revision no:	ision no:	
Performa	Performance and Evaluation Report for Period Ending: 09-30-11			☐ Final Performance and Evaluation Report	uation Report	
Line Su	Summary by Development Account	Total ]	Total Estimated Cost		Total Actual Cost	I Cost 1
		Original	Revised 2	Obligated		Expended
15	1501 Collateralization or Debt Service paid by the PHA					
18ba 90	9000 Collateralization or Debt Service paid Via System of Direct Payment					
15	1502 Contingency (may not exceed 8% of line 20)					
Ar	Amount of Annual Grant:: (sum of lines 2 - 19)	64,214.00	64,214.00	0	0	
Ar	Amount of line 20 Related to LBP Activities					
Ar	Amount of line 20 Related to Section 504 Activities					
Ar	Amount of line 20 Related to Security - Soft Costs					
An	Amount of line 20 Related to Security - Hard Costs					
An	Amount of line 20 Related to Energy Conservation Measures					
nature of	Signature of Executive Director	Sign Sign	Signature of Public Housing Director	using Director		Date

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Part II: Supporting Pages	8							
PHA Name: Greater Met of Rock Island County	opolitan Area Housing Authority	Grant Type and Number Capital Fund Program Grant No: I CFFP (Yes/ No): Replacement Housing Factor Grant No: IL06R010501-10	o: I rant No: IL06R(	010501-10	Federal	Federal FFY of Grant: 2010	010	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	k Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 1 Oak Grove	New Development	1499		64,214	64,214	0	0	
Tobe	To be completed for the Darformance and Evaluation Benoat or a	tor Danied Annual Statement	į					

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

of Rock Island County  Care Processing Authority  Care Processing Factor Great No.  Account No.  Accoun	Part II: Supporting Pages		E	1 1 1 1 1						
Development Quantity Total Estimated Cost Total Actual Cost Categories Account No.  Categories Account No.  Original Revised Flunds Flunds Expended Expended Expended Expended	of Rock Island County		Grant 1yp Capital Fun CFFP (Yes Replacemer	e and Number dd Program Grant No: / No): nt Housing Factor Gra	: ILO6P010501- ant No:	10	Federal I	TFY of Grant: 20	010	
Revised   Funds Obligated <sup>2</sup>	Development Number Name/PHA-Wide Activities	General Description of Major W Categories		Development Account No.	Quantity	Total Estim	ated Cost	Total Actual C	Cost	Status of Work
						Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
								ò		

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

	Federal FFY of Grant: 2010	Reasons for Revised Target Dates 1											
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date										
	sland County	All Funds (Quarter E)	Original Expenditure End Date										
Financing Program	ig Authority of Rock Is	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date										
edule for Capital Fund	politan Area Housir	All Fund (Quarter F	Original Obligation End Date	10-29-13	10-29-13	10-29-13	10-29-13						
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Development Number Name/PHA-Wide Activities		AMP 1	AMP 5	AMP 7	AMP 12						

<sup>&</sup>lt;sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

form HUD-50075.1 (4/2008)

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Part I:	Part I: Summary				Expires 4/30/2011
PHA Nar	r Metropolitan				
Area Housing Island County	Area Housing Authority of Rock Island County Capital Fund Program Grant No: IL06P010501-09 Replacement Housing Factor Grant No: Date of CFFP:	60-1050			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant Original A.  Performan	nnual Statement		Revised Annual Statement (revision no:	evision no:	
Line	Summary by Development Account	E	Final Performance and Evaluation Report	aluation Report	
		Original	Total Estimated Cost		Total Actual Cost 1
-	Total non-CFP Funds	Original	Kevised.	Obligated	Expended
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	10 101 07			
3	1408 Management Improvements	43,191.96	25,691.96	25,691.96	25.691.96
4	1410 Administration (may not exceed 10% of line 21)	8,000.00	0	0	0
S	1411 Audit	94,224.00	94,224.00	94,224.00	94.224.00
9	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000,00			
8	1440 Site Acquisition	30,000,00	38,500.00	38,500.00	13,300.00
6	1450 Site Improvement	62 500 00	0	0	0
10	1460 Dwelling Structures	340,000,00	0	0	0
П	1465.1 Dwelling Equipment—Nonexpendable	540,000.00	460,500.00	460,500.00	26,793.88
12	1470 Non-dwelling Structures	00,000,00	30,000.00	30,000.00	30,000.00
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	2 500 00			
17	1499 Development Activities 4	4,200.00	2,500.00	2,500.00	2,500.00

form HUD-50075.1 (4/2008)

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development

			Expires 4/30/2011
	FFY 0	FFY of Grant:2009 FFY of Grant Approval: 2009	TIONING CONTRACT
☐ Reserve for Disasters/Emergencies	Revised An	nual Statement (revision no:	
Total Est		formance and Evaluation Repor	+
Original	Revised 2	Obligated	Total Actual Cost   Expended
290,825.04	290,825.04	290,825.04	290,825.04
0	c		
942,241.00	942,241.00	942,241.00	0
63,000.00	63,000.00		
8.5	15,000.00 rre of Public Housing Di	rector	,
	00,825.04 00,825.04 00,000.00 63,000.00	Total Estimated Cost Original Revise 90,825.04 290,825.04  0 0 0 42,241.00 942,241.00 63,000.00 63,000.00 15,000.00 15,000.00	Total Estimated Cost   Corriginal   Corrig

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages	89						Si .	Expires 4/30/2011
of Rock Island County	of Rock Island County  Capital Fund Pro Capital Fund Pro CFFP (Yes/ No): Replacement Hou	Grant Type and Number Capital Fund Program Grant No: ILO6P010501-09 CFFP (Yes/No): Replacement Housing Factor Grant No:	o: IL06P010501.	60-	Federal	Federal FFY of Grant: 2009	60	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	ost	Status of Work
AMP I Oak Grove	Asbestos Abatement Lead Based Paint Abatement 504 compliance updates Replace kitchen cabinets Bathroom upgrades Electrical upgrades Plumbing upgrades Interior Doors Flooring Security upgrades Landscaping Security upgrades Landscaping Sidewalk replacement Ranges & Refreigerators Central Air Units Site Acquisition Relocation Operations Staff Training		1 bldg 1 apt 1 bldg	Original 10,000 5,000 30,000 20,000 40,000 20,000 15,000 15,000 10,000 10,000 20,000 20,000 15,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000	Revised 1 17,680 0 0 30,000 20,000 117,320 20,000 117,320 20,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	s sated <sup>2</sup> (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	s on the second	completed
To be con	To be completed for the Performance and Evaluation Remort on D	1408				0 0	10,000 0	completed

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>2</sup> To be completed for the Performance and Evaluation Report.

omitted

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Office of Public and Indian Housing

OMB No. 2577-0226

U.S. Department of Housing and Urban Development

Status of Work Expires 4/30/2011 see 501-10 see 501-10 see 501-10 see 501-10 omitted omitted omitted omitted omitted omitted omitted Expended<sup>2</sup> Funds Total Actual Cost Federal FFY of Grant: 2009 0 0 0 0 0 0 0 0 0 Obligated<sup>2</sup> Funds 0 0 0 0 0 0 0 0 Revised 1 Total Estimated Cost 0 0 0 0 0 0 0 0 0 0 Original 7,500 2,000 42,000 20,000 15,000 13,000 5,000 5,000 10,000 2,000 Capital Fund Program Grant No: IL06P010501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No: Quantity 15% 20% Grant Type and Number Development Account No. 1406 1408 1460 1460 1460 1460 1450 1465 1465 1406 General Description of Major Work PHA Name: Greater Metropolitan Area Housing Authority Categories Community Room Updates Update Hallway lighting 504 Compliance updates Ranges & Refrigerators Security Upgrades Air conditioners Staff Training Staff Training Landscaping Operations Operations Part II: Supporting Pages of Rock Island County Development Number AMP 7 Streed Tower AMP 5 Wm Young Name/PHA-Wide Activities Homes

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

 $<sup>^{2}\,\</sup>mathrm{To}$  be completed for the Performance and Evaluation Report.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Office of Public and Indian Housing
OMB No. 2577-0226
Fxnires 4/30/2011 U.S. Department of Housing and Urban Development

Part II: Sunnorting Pages	The state of the s						H	Expires 4/30/2011
PHA Name: Greater A	r							
of Rock Island County	caroponian Area Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P010501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No.	io: IL06P010501	60-	Federal	Federal FFY of Grant: 2009	600	
Development Nimber			, mir 140.					
Name/PHA-Wide Activities	General Description of Major Work Categories	rk Development Account No.	Quantity	Total Estimated Cost	ed Cost	Total Actual Cost	Cost	Status of Work
				Original				
Amp 12 Warren Tower/Heights	504 Compliance updates	1460			revised .	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Roof Replacement	1700			>	0	0	omitted
	Security updates	1460		0	141.968.90	141 968 90	141 0/0 00	
	Tree Removal	1450		15,000	0	0	141,968.90	completed
	Misc site repairs	1450		5,000 0	0	0		omitted
	Landscaping	1450		10,000 0		0		omitted
	Ranges & Refrigerators	1450	10%	-			0	omitted
	Air Conditioning units	1405	20%	10,000				omitted
	Operations	1465						omitted
	Staff Training	1406		1.96	15,691.96	15.691 96	15 601 06	omitted
Admin Coats		1400		2,000 0		0	06.170,01	completed
AMILIAI CUSIS	Salaries & Benefits/Mgmt Fee	1410					)	Omnted
	Physical Needs Assesment	1410		94,224 9.	4,224	94,224	94,224	Completed
Fees & Costs	Heer & Coute			0		0	0	
	TOTAL COSTS	1430		30,000				
Debt Service	Bond Deht Obligation				38,300.	38,500	36,575	completed
	- car conganon	9001		290,825.04 29	290.825.04	200 025 04		
Contingency	Contingency	1500		-	+	530,023.04	290,825.04	completed
Tobe	To be completed for 4 - P .	2061	0		C			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development Office of Public and Indian Housing	Expires 4/30/2011	Federal FFY of Grant: 2009	Reasons for Revised Target Dates 1							
			All Funds Expended (Quarter Ending Date)	Original Expenditure End End Date Date	09/14/2013 09/14/2013	09/14/2013 09/14/2013				
Capital Fund Financing Program  Capital Fund Financing Program  Capital Fund Financing Program	Capital Fund Financing Program	All Englosis	(Quarter Ending Date)	al Actual Obligation  a End Date	12/30/2010	09/16/2010				
Capital Fund Program, Capital Fund F Capital Fund Financing Program	Part III: Implementation Schedule for Capital Fund Financing Program PHA Name:	Development Number	Name/PHA-Wide Activities	Obliga AMD 1	AMP 7 09/14/2011	AMP 12 09/14/2011				

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development

Capita	Capital Fund Financing Program	actor and		Office	Office of Public and Indian Housing
Part I:	Part I: Summary				OMB No. 2577-0226 Expires 4/30/2011
Area Ho	reater Metropolitan Authority of Rock				110710011 2004
Island County	M ACT	06R010501-09			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant	De of Grant Original Annual Statement				
N Perf	☐ Performance and Evaluation Report for Period Ending: 09.30-11		Revised Annual Statement (revision no:	ision no:	
rine	Summary by Development Account	Total	Total Estimated Coet	port	
-	Total non-CFP Funds	Original	Revised <sup>2</sup>	Ohligated	Total Actual Cost 1
2	1406 Operations (may not exceed 20% of line 21) 3				Expended
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs				
00	1440 Site Acquisition				
6	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				
		04,825.00	64,825.00	0	
					_

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development Office of Public and Indian Housing	UMB No. 2577-0226 Expires 4/30/2011		()	Total Actual Cost <sup>1</sup> Expended	0	Date	TOTAL TO
U.S. Department	FFY of Grant;2009	FFY of Grant Approval: 2009	Revised Annual Statement (revision no:	Revise	64,825.00 0	Signature of Public Housing Director	
factor and				Original Original	64,825.00		
Capital Fund Financing Program  Capital Fund Financing Program  Post 1. 6.			Original Annual Statement  Original Annual Statement  Performance and Evaluation Report for Period Ending: 09-30-11  Summary by Development Account	1501 Collateralization or Debt Service paid by the PHA 9000 Collateralization or Debt Service paid Via System of Direct Payment	1502 Contingency (may not exceed 8% of line 20) Amount of Annual Grant:: (sum of lines 2 - 19) Amount of line 20 Related to LBP Activities Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to Security - Soft Costs Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Energy Conservation Measures  of Executive Director	
Capital Fund I Capital Fund I	PHA Name: Greater Metropolitan Area	Housing Authority of Rock Island County Type of Grant	Original Ann Performance Line Summ	18a 1501 C	20 Amount 21 Amount 22 Amount 22 Amount	nature	

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.
<sup>4</sup> RHF funds shall be included here.

form HUD-50075.1 (4/2008)

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Office of Public and Indian Housing OMB No. 2577-0226

Expires 4/30/2011

U.S. Department of Housing and Urban Development

Status of Work Expended<sup>2</sup> Funds Total Actual Cost Federal FFY of Grant: 2009 Obligated<sup>2</sup> Funds 64,825.00 Total Estimated Cost Revised 64,825.00 Original Grant Type and Number
Capital Fund Program Grant No:
CFFP (Yes/ No):
Replacement Housing Factor Grant No: IL06R010501-09 Quantity Development Account No. 1499 General Description of Major Work PHA Name: Greater Metropolitan Area Housing Authority Categories New Development Part II: Supporting Pages of Rock Island County Development Number AMP I Oak Grove Name/PHA-Wide Activities

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

 $^2\,\mathrm{To}$  be completed for the Performance and Evaluation Report.

form HUD-50075.1 (4/2008)

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011	Federal FFY of Grant: 2009	1 Cost Total Actual Cost Status of Work	Revised   Funds   Funds   Obligated   Expended					
Grant Type and Numbor	Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: L06R010501-09	Development Quantity Total Estimated Cost Account No.	Original R					
Part II: Supporting Pages PHA Name: Greater Metropolitan Area Housing Authority   Grant 7	unty  Open General Doom:	Name/PHA-Wide Activities Categories						To be completed for the Performance and Evaluation

ompleted for the Performance and Evaluation Report or a Revised Annual Statement. <sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing	UMB No. 2577-0226 Expires 4/30/2011		Federal FFY of Grant: 2009	Reasons for Revised Target Dates 1											
			All Ennds 17	(Quarter Ending Date)	Actual Expenditure End	Date									
410 All All All All All All All All All Al			All Erra	(Quarter I	Original Expenditure	The Date									
	nd Financing Program	Authority	All Fund Obligated	(Quarter Ending Date)	Actual Obligation End Date										
gram	ledule for Capital Fu	onan Area Housing	All Fu	(Quarter	Original Obligation End	Date 10-29-13	10-29-13	10-29-13	10-29-13						
Capital Fund Financing Program	Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Greater Metropoliton April 1	donari mana	Development Number Name/PHA-Wide	Activities		AMP 1	AMP 5	AMP /	71 JIMIL 17						

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

	FFY of Grant: 2008 FFY of Grant Approval: 2008		Total Actual Cost 1	Expended																	0.00
		evision no: ) valuation Report		Obligated											+						0.00
		Revised Annual Statement (revision no:	Total Estimated Cost	Revised <sup>2</sup>																	73.413.00
	: ILO6R010501-08		Tot	Original															# T		73.413.00
	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: ILO6R010501-08 Date of CFFP:	☐ Reserve for Disasters/Emergencies for Period Ending: 09-30-11	ccount			eed 20% of line 21) <sup>3</sup>	nts	exceed 10% of line 21)							-Nonexpendable		1		stration		
ummary	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	nnual Statement [	Summary by Development Account		Total non-CFP Funds	1406 Operations (may not exceed 20% of line 21) 3	1408 Management Improvements	1410 Administration (may not exceed 10% of line 21)	1411 Audit	1415 Liquidated Damages	1430 Fees and Costs	1440 Site Acquisition	1450 Site Improvement	1460 Dwelling Structures	1465.1 Dwelling Equipment—Nonexpendable	1470 Non-dwelling Structures	1475 Non-dwelling Equipment	1485 Demolition	1492 Moving to Work Demonstration	1495.1 Relocation Costs	1499 Development Activities 4
Part I: Summary	PHA Name: G Area Housing Island County	Type of Grant Original A	Line		1	2	3	4	5	9	7	8	6	10	11	12	13	14	15	16	17

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing
OMB No. 2577-0226
France 4/20/201

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: Summary	у-шений. Тамин	F			Expires 4/30/2011
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-08 land		FFY of	FFY of Grant:2008 FFY of Grant Approval: 2008	
Type of Grant	Statement Statement			Control Control	
Nerfo	Original Annual Statement    Neserve for Disasters/Emergencies	80	☐ Kevised Ani	<ul> <li>         ☐ Keylsed Annual Statement (revision no:     </li> <li>         ☐ Final Performance and Evaluation Report     </li> </ul>	
Line	Summary by Development Account	Total Estimated Cost		Total A	Total Actual Cost 1
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
61	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	73,413.00	73,413.00	0.00	0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signatui	Signature of Executive Director (1) Date	M Signatu	Signature of Public Housing Director	irector	Date
1					

Page2

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Office of Public and Indian Housing OMB No. 2577-0226 U.S. Department of Housing and Urban Development Expires 4/30/2011

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Part II: Supporting Pages	S								
PHA Name: Greater Met of Rock Island County	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Tyl Capital Fu CFFP (Yes Replaceme	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: ILO6R010501-08	: ant No: ILOGRC	10501-08	Federal F	Federal FFY of Grant: 2008	80	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Amp 1,5,7,12	Development Activities		1499		73,413.00	73,413.00	0.00	0.00	
1									

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part II: Supporting Pages									
PHA Name: Greater Metrof Rock Island County	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Capital Fund Prog CFFP (Yes/ No): Replacement Hou	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: IL06R010501-08	ant No: ILO6R0	10501-08	Federal I	Federal FFY of Grant: 2008	80	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
The state of the s									
Toheo	To be completed for the Performance and Evaluation Report or a Revised Annual Statement	Report or a F	Sevised Annual Statemer	Jt.					

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement. <sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

	Federal FFY of Grant: 2008	Reasons for Revised Target Dates 1	hnd										
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date										
	land County	All Fund (Quarter )	Original Expenditure End Date										
Financing Program	ng Authority of Rock Is	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date										
dule for Capital Fund	politan Area Housir	All Fund (Quarter I	Original Obligation End Date	10-29-13	10-29-13	10-29-13	10-29-13						
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Development Number Name/PHA-Wide Activities		AMP 1	AMP 5	AMP 7	AMP 12						

<sup>&</sup>lt;sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

form HUD-50075.1 (4/2008)

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

t I: Su	Part I: Summary				
PHA Name: G Area Housing Island County	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County Replacement Housing Factor Grant No: ILO6R010501-07 Date of CFFP:	IL06R010501-07			FFY of Grant: 2007 FFY of Grant Approval: 2007
Type of Grant ☐ Original As	Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Reformance and Evaluation Report for Period Ending: 09-30-11		Revised Annual Statement (revision no:	t (revision no: ) I Evaluation Report	
Line	Summary by Development Account		Total Estimated Cost		Total Actual Cost 1
		Original	Revised <sup>2</sup>	Obligated	Expended
	Total non-CFP Funds				
	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
	1408 Management Improvements				
	1410 Administration (may not exceed 10% of line 21)				
	1411 Audit				
	1415 Liquidated Damages				
	1430 Fees and Costs				
	1440 Site Acquisition				
	1450 Site Improvement				
	1460 Dwelling Structures				
	1465.1 Dwelling Equipment—Nonexpendable				
	1470 Non-dwelling Structures				
	1475 Non-dwelling Equipment				
	1485 Demolition				
	1492 Moving to Work Demonstration				
	1495.1 Relocation Costs				
	1499 Development Activities 4	69,805.00	69,805.00	0.00	0.00

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Office of Public and Indian Housing U.S. Department of Housing and Urban Development OMB No. 2577-0226 Expires 4/30/2011

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Part I: Summary	ummary				TIPLICE CANDON
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-07 authority Date of CFFP:		FF	FFY of Grant Approval: 2007 FFY of Grant Approval: 2007	
Type of Grant	cant				
Origi	Original Annual Statement	SC	☐ Revised	Revised Annual Statement (revision no:	^
	Performance and Evaluation Report for Period Ending: 09-30-11		☐ Fina	Final Performance and Evaluation Report	E
Line	Summary by Development Account	Total E	Total Estimated Cost	Total	Total Actual Cost 1
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00			
61	1502 Contingency (may not exceed 8% of line 20)	0			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	69,805.00	69,805.00	0.00	0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signatur	Signature of Executive Director TULLUN  - Pate	N) Signs	Signature of Public Housing Director	g Director	Date
,					

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Fart II: Supporting Fages PHA Name: Greater Metr of Rock Island County	opolitan Area Housing Authority	Frant Type Sapital Fun FFFP (Yes/	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: IL06R010501-07	nt No: ILO6R0	10501-07	Federal J	Federal FFY of Grant: 2007	07	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AMP 1 Oak Grove	Development Activities		1499		69,805.00	69,805.00	0	0	
2									

 $<sup>^1{\</sup>rm To}$  be completed for the Performance and Evaluation Report or a Revised Annual Statement.  $^2{\rm To}$  be completed for the Performance and Evaluation Report.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011 U.S. Department of Housing and Urban Development

Part II: Sunnorting Pages									
PHA Name: Greater Metron of Rock Island County	opolitan Area Housing Authority	Grant Tyl Capital Fu CFFP (Yes Replaceme	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: IL06R010501-07	ant No: ILO6R0	10501-07	Federal	Federal FFY of Grant: 2007	007	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Vork	Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
									The second secon
					The second second second				The second secon
		1000							
<u>.</u>		4							

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement. <sup>2</sup> To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

	Federal FFY of Grant: 2007	Reasons for Revised Target Dates <sup>1</sup>											
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date										
	land County	All Funds (Quarter E)	Original Expenditure End Date										
Financing Program	ig Authority of Rock Is	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date										
Part III: Implementation Schedule for Capital Fund Financing Program	politan Area Housir	All Fund (Quarter E	Original Obligation End Date	10-29-13	10-29-13	10-29-13	10-29-13						
Part III: Implementation Sche	PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Development Number Name/PHA-Wide Activities		AMP 1	AMP 5	AMP 7	AMP 12						

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

form HUD-50075.1 (4/2008) Page5

Par	Part I: Summary					
PHA	PHA Name/Number Greater Metropolitan Area Housing Authority of Rock Island County IL 010	opolitan Area County IL 010	Locality (Cit Silvis/Roc	Locality (City/County & State) Silvis/Rock Island/Illinois	☑Original 5-Year Plan	Revision No:
Ą	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	Physical Improvements Subtotal	Annual Statement	Amp 1 Oak Grove 220,000 Amp 5 Wm Young 5,000		Amp 1 Oak Grove 20,000 Amp 5 Wm Young 20,000	
			Amp 7 Streed 35,000 Amp 12 Warren 270,000	0 Amp 12 Warren 228,000	Amp 7 Streed 385,000 Amp 12 Warren 125,000	
Ü	Management Improvements		000,1	0 1,000	1,000	1,000
Ö.	PHA-Wide Non-dwelling Structures and Equipment			0	0	
띠	Administration		94,224	4 94,224	94,224	94,224
표.	Other		9,242	2,742	2,000	2,000
Ö	Operations		20,000	2,000	2,000	2,000
Ή.	Demolition		0	0	0	
I.	Development		0	0	0	
J.	Capital Fund Financing –		287,775	5 289,275	287,000	287,000
	Debt Service				100 300	100 950
Υ.	Total CFP Funds		942,24	1 942,241	930,224	930,224
Ľ	Total Non-CFP Funds					
M.	Grand Total					

form HUD-50075.2 (4/2008)

Capital Fund Program—Five-Year Action Plan

	Revision No:	Work Statement for Year 5 FFY				ā			
	ã l	Work Statement for Year 4 VEFY							
	Locality (City/county & State) Silvis, Rock Island, Illinois	Work Statement for Year 3 FFY							
	Locality (City/county & State Silvis, Rock Island, Illinois	Work Statement for Year 2 FFY							
tion)	opolitan Area	Work Statement for Year 1 FF 2010	Annual						
Part I: Summary (Continuation)	PHA Name/Number Greater Metropolitan Area Housing Authority of RI County IL010	Development Number and Name							
Part	PHA	A.							

Work     Work Statement for Year2013       Statement for Year2013       Year 1 FFY     Development    Estimat	Estimat	Estimated Cost	Work Sta	Work Statement for Year: 2014  FFY 2014  ont Quantity	Estimated Cost
Number/Name General Description of Major Work Categories		00 000 00	Number/Name General Description of Major Work Categories	To a long to a l	00 000 00
AMP 1 Oak Grove	Security upgrades	20,000.00	AMP 1 Oak Grove	Keplace appliances	20,000.00
	Comp Mod Duplexes	200,000.00		504 compliance updates	10,000.00
		Secretary and the control of the con			1
AMP 5 Wm Young	Sidewalk/Repair replacement	5,000.00	AMP 5 Wm Young	Landscaping	5,000.00
AMP 7 Streed	Sidewalk/Repair replacement	5,000.00	AMP 7 Streed	Renovate Kitchens	250,000.00
	Security upgrades	20,000.00	The state of the s	504 compliance updates	10,000.00
	Site Lighting	10,000.00		Replace appliances	25,000.00
	Paint Bldg exterior	50,000.00		Landscaping	5,000.00
AMP 12 Warren	Security ungrades	20,000.00	AMP 12 Warren	Sidewalk/repair	10,000.00
				replacement	
	Replace boilers @ Tower	220,000.00		Renovate kitchens @ Heights	150,000.00
	Community Room/Kitchen updaes @ Tower	30,000.00		Replace DHWH @ Heights	23,000.00
				Replace appliance	25,000.00
U	Cubtotal of Betimated Cost	\$580,000,00	IS	Subtotal of Estimated Cost	\$530,000.00
2	ubiotal of Estimated Cost	2000			

		Estimated Cost	20,000	20,000	150,000	150,000	150,000	\$520,000.00
	Work Statement for Year:2016 FFY 2016	Quantity	Misc Site Repairs	Misc Site Repairs Tree Removal	Replace generator Misc Site Repairs	Replace/resurface asphalt drives	Replace generator @ Tower	Subtotal of Estimated Cost
	Work State	Development Number/Name General Description of	Major Work Categories AMP 1 Oak Grove	AMP 5 Wm Young	AMP 7 Streed	AMP 12		Sut
ient(s)		Estimated Cost	20,000.00	20,000.00	375,000.00	25,000.00	100,000.00	\$550,000.00
Part II: Supporting Pages – Physical Needs Work Statement(s)	Work Statement for Year 2015		Misc Site Repairs	Misc Site Repairs	Replace Windows Misc Site Repairs	Replace Fencing	Exterior Bldg Repairs	Subtotal of Estimated Cost
oorting Pages - Physic	Work State	Development Number/Name General Description of	Major Work Categories AMP 1 Oak Grove	AMP 5 Wm Young	AMP 7 Streed	AMP 12 Warren		Sub
Part II: Supp	Work	Year 1 FFY	See	Statement				

			Estimated Cost		1,000.00		2,000.00	2,742.00	94,224.00					289,275.00				\$389,241.00
	it for )	FFY 2014	Development Number/Name General Description of Major Work Categories	AMP's 1, 5, 7 & 12	Staff Training	Computer upgrades	Operations	Architect & consultant fees & costs	Management Fees	Site Acquisition	Relocation			Debt Service repayment AMP 5				Subtotal of Estimated Cost
Statement(s)			Estimated Cost		1,000.00		20,000.00	9,242.00	94,224.00					287,775.00				\$412,241.00
Dort III: Sunnarting Pages - Management Needs Work Statement(s)	Work Statement for Year 2013	FFY 2013	Development Number/Name General Description of Maior Work Categories	AMP's 1. 5. 7 & 12	Staff Training	Computer upgrades	Operations	Architect & consultant fees & costs	Management Fees	Site Acquisition	Relocation			Debt Service repayment AMP 5				Subtotal of Estimated Cost
Dart III. Sun	Work	Statement for	Year 1 FFY	See	Annual	Statement												

form HUD-50075.2 (4/2008)

			Estimated Cost		1,000.00		2,000.00	2,000.00	77,573.00					287,000.00				\$369,573.00
	t for	C102 YHH	Development Number/Name General Description of Major Work Categories	AMP's 1, 5, 7 & 12	Staff Training	Computer upgrades	Operations	Architect & consultant fees & costs	Management Fees	Site Acquisition	Relocation			Debt Service repayment AMP 5				Subtotal of Estimated Cost
Statement(s)			Estimated Cost		1,000.00		2,000.00	2,000.00	77,573.00					287,000.00				\$369,573.00
Part III: Supporting Pages - Management Needs Work Statement(s)	Work Statement for Year 2015	FFY 2015	Development Number/Name General Description of Major Work Categories	AMP's 1. 5. 7 & 12	Staff Training	Computer upgrades	Operations	Architect & consultant fees & costs	Management Fees	Site Acquisition	Relocation			Debt Service repayment AMP 5				Subtotal of Estimated Cost
Part III: Sup	Work	Statement for	Year 1 FFY	866	Annual	Statement												

form HUD-50075.2 (4/2008)